## REMARKS/ARGUMENTS

Claims 1-3, 6 and 12-14 are pending in the application.

Claims 13 and 14 have been rejected to for being dependent upon rejected claim 1, but would be allowable if rewritten in independent form. Applicants have amended claim 13 to now include the limitations of claim 1. Therefore, Applicants believe that claims 13 and 14 are now allowable.

Claim 1-3, 6, and 12-14 have been rejected under 35 U.S.C. 102 (e) over Kim, et al., (US 6,432,127). Claim 1 has been amended to recite that the delivery catheter is coupled to a proximal end of the implant, the catheter including a control mechanism for selectively adjusting the curvature of the implant in the second remodeling configuration. In contrast, Kim, et al., does not teach or suggest the noted limitations of claim 1.

Referring to FIG. 1a of Kim, et al., a two-annular member connector device is shown, which includes expandable annular members 12a, 12b having a plurality of strut members 14 extending therebetween. As shown, the proximal annular member 12a may be positioned within the lumen of a first anatomical conduit AC1 so as to frictionally engage the surrounding wall of that anatomical conduit AC, and the distal annular member 12b is positioned within the lumen of the second anatomical conduit AC2 so as to frictionally engage the surrounding wall of that anatomical conduit AC2 The two-annular-member connector device 10 is preformed and biased to a curvilinear shape. Because of this preformed shape, the delivery catheter must be pre-positioned in a specific rotational orientation to ensure that the connector device 10 is properly oriented when it is expelled from the delivery catheter 48. Such pre-positioning is performed with the use of a marker 23 of the connector device 10 and marker 50 of the catheter 48. The positioning is performed before the first annular member 12a becomes fully retracted from the catheter 48 and radially expanded. After the proper rotational orientation of the connector device 10 has been confirmed by the positioning of the markers 23 and 50, the catheter 48 will be further retracted such that the first and second annular members are deployed.

As discussed above, the connector device 10 of Kim, et al. is preformed and biased, so as to assume a predetermined shape once the catheter 48 is retracted. The catheter 28 of Kim, et al., delivers the connector device 10 to the deployment site and is then retracted so that the connector device 10 can assume its biased shape without the catheter having any control over the shape of the connector device 10. Therefore, the curvature of the connector device 10 is predetermined and cannot be selectively adjusted with or without the catheter 48 of Kim, et al.

Because Kim et al., fails to teach or suggest a delivery catheter coupled to a proximal end of the implant, the catheter including a control mechanism for selectively adjusting the curvature of the implant in the second remodeling configuration, Applicants believe that claim 1 and dependent claims 2-3, 6, and 12-14 are patentable over Kim, et al.

Claim 3 has been rejected under 35 U.S.C. 102 (e), or in the alternative, 35 U.S.C. 103(a) over Kim, et al.. As discussed above, because claim 1 is patentable over Kim, et al., Applicants believe that claim 3 is also patentable over Kim, et al.

In view of the above, Applicants believe that claims 1-3, 6 and 12-14 are in condition for allowance.

Respectfully submitted,
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